

UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No.:	001.3000
	First Inventor:	Han et al.
	Title:	ATTENUATED PHASE SHIFT MASK FOR EXTREME ULTRAVIOLET LITHOGRAPHY AND METHOD THEREFORE
	Express Mail Label No.:	ER454373390US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)	ADDRESS TO: MAIL STOP: Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	22581 U.S. PTO 10/688589 101603
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="22"/> (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&amp;D -Reference to sequence listing, a table, -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <input type="text" value="6"/></p> <p>5. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identify of above copies</p>	
ACCOMPANYING APPLICATION PARTS		
<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney Statement (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> IDS <input checked="" type="checkbox"/> Form PRO/SB/08A</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>		

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in- Part (CIP)	Prior Appl. No. <input type="text"/>
Prior Appl. information:		Examiner: <input type="text"/>	Group/Art Unit: <input type="text"/>

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<input type="text" value="29,906"/>	or	<input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	
Name	Gary W. Hoshizaki	Registration No.	37,356
SIGNATURE	<i>Gary W. Hoshizaki</i>	Date	10/16/03

# TRANSMITTAL

Patent fees are subject to annual revision

**Complete if Known**

Application Number

To be assigned

Filing Date

October 16, 2003

First Named Inventor

**Sang-In Han**

Examiner Name

Unknown

### Group Art Unit

Unknown

TOTAL AMOUNT OF PAYMENT

**(\$) 990.00**

Attorney Docket No.

001.3000

## METHOD OF PAYMENT

**FEE CALCULATION (continued)**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:
- |                        |                |
|------------------------|----------------|
| Deposit Account Number | 50-2117        |
| Deposit Account Name   | Motorola, Inc. |
- ☒ Charge Any Additional Fee required under 37 CFR 1.16 , 1.17 and 1.18.
- ☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:
- ☐ Check    ☐ Credit Card    ☐ Money Order    ☐ Other

### *FEE CALCULATION*

### 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)		Fee Paid
1001	770	2001	385	Utility filing fee	770.00
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

**SUBTOTAL (1)** **(\$)** 770.00

## 2. EXTRA CLAIM FEES

			Previously Paid**	=	Extra Claims	X	Fee from Below	=	Fee Paid
Total Claims	30	-		=	10	X	18	=	180.00
Independent Claims	3	-		=	0	X	86	=	

### Multiple Dependent

$$290 =$$

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	* Reissue independent claims over original patent
1205	18	2205	9	*Reissue claims in excess of 20 and over original Patent

<b>SUBTOTAL (2)</b>	<b>(\$)</b> 180.00
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\*\*OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.

\*For Reissues, see above.

## SUBMITTED BY

Name (Print/Type)

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**(480) 385-5060**

**Signature**

Date \_\_\_\_\_

10/16/03

001.3000